2019

SLPA 985: A Peer Review of Teaching Benchmark Portfolio

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SLPA 985: A Peer Review of Teaching Benchmark Portfolio
Traumatic Brain Injury
2018-2019

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Abstract

My target course for the Peer Review of Teaching (PRT) Project was SLPA 985 Traumatic Brain Injury (TBI). It is offered each spring in the Department of Special Education and Communication Disorders at the University of Nebraska – Lincoln. This course is intended for graduate level speech language pathology (SLP) students. I have over twenty years of experience as a practicing speech language pathologist in a rehabilitation hospital. Now, as an assistant Professor of Practice, my role is to integrate academic learning with practical experience. I am confident in my skills as a practitioner and motivated to share my knowledge, however, expertise in performance does not automatically translate into expertise in teaching. To that end, my personal objectives for participating in PRT was to focus on methods to enhance and improve my classroom teaching. Specifically, I was eager to use evidence from the classroom to inform my teaching practices. In my portfolio I describe the SLPA 985 Spring 2019 course plan, enrollment, methods, and outcomes. I reflect on teaching successes, challenges, and future plans.

Table of Contents

Course Selection

My target course for the Peer Review of Teaching (PRT) Project is SLPA 985 Traumatic Brain Injury (TBI), offered each spring in the Department of Communication Disorders. It is intended for graduate level speech language pathology (SLP) students. I inherited this course with little time to plan before the Spring of 2018. For ease and efficiency, I used to the content and methods the previous instructor used. Teaching it for the second time in the Spring of 2019, I planned to reorganize the course, change the text, and focus more on clinical processes. Perfectly timed, my enrollment in PRT dovetailed with my plans to transform the course.

Teaching Objectives

Before I earned my Ph.D. and entered into academia, I was a speech language pathologist (SLP) in a rehabilitation hospital. My primary interest was assessment and treatment of cognitive and communication disorders for individuals with acquired brain injuries. Though my primary vocation is now teaching and training future SLPs, I am still a practicing clinician. As a Professor of Practice, my role is to integrate academic learning with practical experience.

The TBI course offers the ideal opportunity to blend clinical knowledge with professional training. The number of individuals living with brain injury in the U.S. suggests SLPs will encounter this clinical population regardless of the setting in which they pursue their careers. SLPs work with individuals who have acquired brain injuries in medical settings (e.g. acute hospitals, rehabilitation, and long-term care facilities), schools, and specialty clinics (e.g. concussion management programs). Persistent disabilities resulting from brain injury may include cognitive-language and social-emotional impairments as well as physical-sensory disabilities. Annually, 2.5 million individuals sustain brain injuries in the U.S. (CDC, 2014); and at the present time, 5.2 million individuals in the Unites States are living with the effects of brain injury (NIH, 2014). With these numbers in mind, it is my challenge to provide students in SLPA 985 with the foundational understanding they will need about brain injury for critical thinking in the classroom, lab, and clinic. I am confident in my skills as a practitioner and motivated to share my knowledge, however, expertise in performance does not automatically translate into expertise in teaching. To that end, my personal objectives for creating this course portfolio were to:

- Improve my ability to teach challenging concepts that require critical thinking
- Match the learning level of the students with course difficulty
- Teach students unique and useful information that will help them practice with competence and empathy in their future careers as clinicians

Course Description

The focus of the SLPA 985 is cognitive-language and psychosocial issues associated with acquired brain injury as it relates to the scope of practice for SLPs. The course starts with a review of terminology and neuropathology associated with brain injury; information students will have learned in undergraduate coursework. The concentration of the course, however, is evaluation and treatment for individuals with cognitive communication impairments resulting from traumatic and acquired brain injuries. Functional issues such as the effect of brain injury on individuals and their families through the lifespan and return to work and school are addressed.

Enrollment: SLPA 985 is an elective offered in the Special Education and Communication Disorders Department one time per year in the Spring semester. It is a 2-credit hour course that meets for one hour, two days a week. Typically, about two thirds of the first-year graduate SLP

students enroll (about 25 students). This class focuses speech language pathology, however, for the first time this year, Spring 2019, eight graduate level Audiology (AuD) students enrolled in the class. I discovered this new shift in enrollment while reviewing how many students would be in class right before the beginning of the Spring semester. The class would be made up of thirty students, 22 SLP (73%) and eight AuD (27%). This was a great opportunity to practice interprofessional education. However, it also presented the challenge to broaden the scope of the class for future professionals in *communication disorders*, not just SLPs. Expanding the course content was something I had not anticipated. I had my work cut out for me.

A note about audiology, TBI, and SLPA 985: TBI can disrupt any of the five senses affecting the way individuals living with brain injury interpret, navigate, and manage the world. Audiologists may play a role in assessment and treatment of hearing, tinnitus (ringing ears), and vestibular (balance) problems caused by brain injury. A new Audiology faculty member, with a clinical research focus on concussion (largely sports related) and vestibular, function recently joined the Communication Disorders Department. As a result, students in the audiology program have a fresh interest in learning about TBI.

Course Development and objectives: One of my personal teaching objectives was to not only teach facts, but to push students to develop critical thinking essential to their future careers. I established learning objectives using key words from Bloom's Taxonomy to reflect a continuum of skill-building. My first course objective was to *define* terms and characteristics. *Define* is a key phrase associated with *Knowledge*, the lowest or "beginner" level of learning. I started the class by teaching foundational information, establishing knowledge on which to build future concepts. Though not in exact order, the remaining course objectives reflected more complex levels of learning. Course objectives are listed in Table 1. Key words from Bloom's helped establish the level of learning expected. *Provide* aligns with Application of knowledge; *Determine* is an Analysis action; and *Develop* indicates student synthesis of information.

Table 1.

	Course Objectives
	Students will be able to:
1	Define acquired brain injury in terms of neuropathology; characteristics, severity; associated physical, behavioral, and psycho-social-emotional deficits.
2	Determine cognitive and language deficits resulting from acquired brain injury using evidence-based standardized and non-standardized diagnostic methods
3	Develop interventions for cognitive and communication impairments resulting from brain injury
4	Provide education and counseling regarding the many unique issues associated with brain injury

Methods

I used a variety of methods to teach the intended course objectives. These included lecture, large and small group discussion, ungraded small group class activities, tests, and a written assignment. I have used many of these methods in the past, but increased or enhanced some to address the class mix. By adding guest lecturers and small group discussions I could ensure AuD inclusion in the topics. I hoped AuD students would apply and synthesize discussion topics through the lens of audiology.

Table 2 illustrates the relationship of the learning objectives, methods, materials used, as well as the method of analysis discussed later in this portfolio.

Table 2.

Learning Objectives	Teaching Methods/Materials /Course Activities	Mechanism used to Evaluate Student Performance	Analysis of Student Learning	Reflection on the Course
1. Define acquired brain injury in terms of neuropathology; characteristics, severity; associated physical, behavioral, and psycho-social-emotional deficits.	Lecture Video Readings Guest lectures	Non-graded pre- Post course quiz Exam – multiple choice, T/F, short answer questions	Compare pre-post Course Quizzes Analyze exam grades and distribution	Observe overall learning Analyze missed test items for future teaching/rewording
2. Determine cognitive and language deficits resulting from acquired brain injury using evidence-based standardized and non-standardized diagnostic methods.	Assigned reading Independent and small group literature and resource review Class discussion	Exam Ungraded small group assignments	Analyze exam grades and distribution Review assignments for detail and depth	Observe overall learning Analyze missed test items for future teaching/rewording Review and refine ungraded group assignment to elicit best performance in future
3. Develop interventions for cognitive and communication impairments resulting from brain injury	Small group activities including: Creating plan of care from case studies Standardized test review	Ungraded small group assignments	Review assignments for detail and depth	Refine ungraded assignment to stimulate insight and engagement for activity in future

4. Provide education and counseling regarding the many unique issues associated with brain injury	Lecture Guest lecturers from individuals with brain injury and various professionals who work with brain injury Assigned reading and written activity Independent and small group literature and resource review Class discussion	Reaction paper based on a book about an individual with brain injury incorporating information learned in class	Evaluation of reaction paper – look for incorporation of information from guest lecturers and class materials	Review students' reaction to the reading and consider how to enhance student reflection and critical thinking in future

Lecture: Class lectures were typically accompanied by a PowerPoint outline and a reading assignment. This method of teaching lends itself to imparting facts and highlighting need-to-know information. I supplemented lectures with more video and on-line resources than I have in the past to stimulate class discussion, as well as provide resources for future reference. I encouraged students to locate and vet resources relevant to their discipline and interests. In the past I have invited guest lecturers, and I increased the number and variety of guests this year. Three individuals who had sustained brain injuries shared their stories on different occasions. One speaker brought her family, bringing to light the family perspective. Another speaker included the topic of tinnitus resulting from BI. Professional speakers included an occupational therapist, neuropsychologist, and audiologist. They spoke about their respective fields related to brain injury on separate occasions. Use of video and lecturers helped achieve objective number one - learning terminology and characteristics, and objective four- understanding unique issues associated with brain injury for provision of counseling and education.

Writing assignment: Guest lecturers give students a real-life perspective regarding brain injury. To further enhance the vantage-point for students, I required them to read a book about an individual with traumatic brain injury. I suggested reading selections, however, also allowed students to find their own if they chose. The instructions for the assignment (detailed in the syllabus) was to write about something learned, a parallel to a personal or clinical experience regarding TBI, or a way in which the student might work with individuals (survivor/family/others) in the story if they were a professional involved. This assignment addressed objective four as it introduced them to yet another individual's perspective. It also addressed objective three, as students considered what their assessment and treatment plan may have been as the communication specialist in the book's scenario.

Small group activities and discussions: Throughout the semester, I assigned small group activities to foster interprofessional communication– making sure to integrate AuD and SLP students. I required the groups to hand in work for review. To increase the relevance of these activities I posted group work on Canvas for reference and the information was potential testing material. In addition, small group work targeted TBI case studies - problem solving and planning in hypothetical situations - with no handed-in work required. Students considered individual cases and discussed care planning and assessment as well as patient/family education. After discussion, each group was responsible for reporting their results to the rest of the class. These

small group activities and larger class discussions were aimed at achieving objectives two and three, to determine evaluation procedures, interventions, and materials for individuals with brain injury.

Materials

Materials came from a range of sources. Single book chapters (e.g. Hux, 2011) and on-line websites (e.g. Center for Disease Control, 2019; and Brain Injury Association of America, 2019) were useful for foundational information such as neuropathology of brain injury, and demographics. Some cites have information specific to the field of communication disorders (e.g. American Speech Language and Hearing Association, 2019) or to a particular assessment or intervention (e.g. Craig Hospital, 2019; and Traumatic Brain Injury Model Systems of Care, 2019). In addition to this variety of supplemental resources the required text by Sohlberg & Turkstra (2011) offers an overarching assessment and treatment model applicable to the wide range of types and severities of brain injuries likely to be encountered in everyday clinical practice.

The variety of materials and methods were applicable to all of the course objectives. In addition, they highlighted themes that thread throughout the graduate program for communication disorders. These themes are: use and application of evidence-based practice; interprofessional practice; person-centered approach to habilitation and rehabilitation; collaborative learning; and resourcefulness.

Analysis

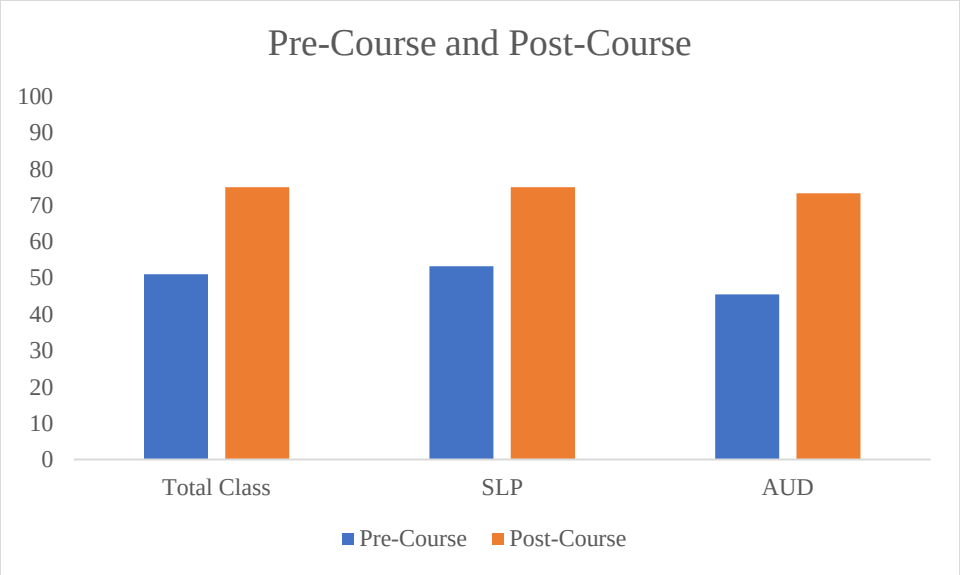
I was interested in not only student performance on course objectives, but in evaluating my teaching methods as well. To assess students' factual knowledge gained in class, I developed a pre- post-course tool. In addition, I used course exams that addressed application and synthesis of facts. The written class activity would provide me not only with some sense of the student's understanding and application of facts about brain injury but would provide a glimpse into their feelings about brain injury as future clinicians. To evaluate my teaching, I used a midterm feedback form and my course evaluations in addition to student performance on the course objectives.

Student Learning Objectives and Outcomes

Pre- Post-course tool: To assess students' existing understanding of brain injury before the course started, I administered a 30-question multiple choice pre-course quiz on the first day of class and the same quiz on the last day of the class. This A-B design provided a way for me to infer how much information about brain injury students brought to the course before it started and how much they learned. Scores on pre-course quizzes averaged 51 percent (*Range* 30 to 73.33, *SD* = 3.01) for all students. Post-course quizzes averaged 75.16 percent (*Range* 60 to 93.33; *SD* = 8.37). A *t-test* indicated this was a significant increase (t (29) = 10.33, $p < .000$).

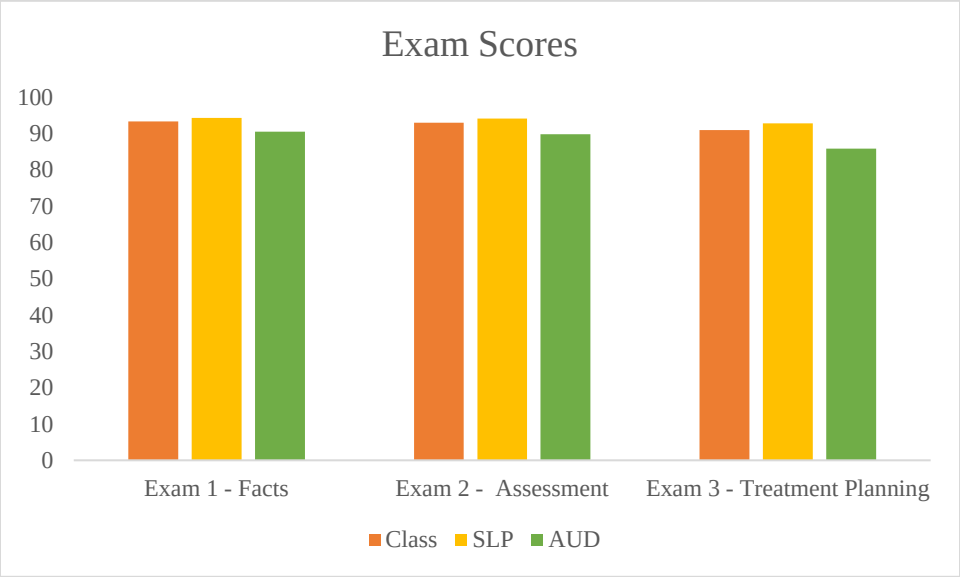
Because I had not previously taught an audiology cohort in this class I wanted to see if they were different from the SLP students. Therefore, I analyzed pre- and post-course SLP and AuD student scores separately. Scores from the two types of students differed significantly at the beginning of the course. SLP students' pre-course scores averaged 53 percent (*Range* = 30 to 73, *SD* = 10.21). Average AuD scores were 45.42 percent (*Range* = 30.33 to 60, *SD* = 8.16). However, pre-post-course change in score was not significantly different between SLP and AuD students. Figure . Illustrates pre and post course quiz scores.

Figure 1.



Exams: Three exams addressed specific course objectives. Exam one addressed facts about neuropathology, incidence, and prevalence; exam two addressed mostly assessment for TBI; and exam three addressed intervention and treatment planning. All exams included multiple choice, true/false, and short answer questions. Exam scores were high across the board. Average class rates were 93.29, 92.93, and 90.92 respectively. No significant differences were observed across exams or between SLP and AuD students. Figure 2. illustrates these results.

Figure 2.



Written assignment: The written assignment was used to analyze student perspectives about brain injury from individuals who live with it. This activity was aimed primarily at objective four, demonstrating the ability to provide education and counseling. Student writing samples are presented in Table 3.

Table 3

Excerpts from Written Assignment
Student 1: The book "Where's the Mango Princess?" opened my eyes to the human experience of a TBI. Studying the signs and symptoms of TBI is critical to my development as a clinician; however, my abilities to support clients will fall short if I am not able to empathize with their experience. Reading about the process of recovery from a family member helped me to see TBI as a life experience, rather than a being limited to a medical diagnosis. This book made me take a step back from the clinical concept of recovery and has influenced my thoughts on what it truly means to recover from a TBI. No clinician can fully understand the experience of individuals affected by a TBI simply by learning about the symptoms and therapeutic techniques. Taking the time to listen to the stories of individuals who have experienced TBI firsthand can help clinicians to go beyond treating the symptoms of a TBI and provide support that can have a positive impact on the individual's life.
Student 2: At several points in her book, Trisha mentions kind people with gentle natures. The particular people that stuck out and seemed most relevant to me were her nurse, Pat Babb, and her eye surgeon, Dr. Della Rocca. She speaks very highly of both, plainly stating the impact their kindness had on her recovery. I imagine it can be easy to get caught up in the job and treat patient's like Trisha as just another person on your caseload, but Trisha mentions that both of these individuals not only went out of their way to spend time with her, but also did things that the ordinary care staff might not have had time for. For instance, she mentions that they would take special visits to sit at her bedside and talk calmly to her about their hopefulness for her recovery, which she believes to have made an enormous difference in her physical state. She also mentions that these individuals took the time to counsel her friends and family, which is a vital part in a person's stay at the hospital. Overall, her stories about these individuals made me realize that sometimes, care can be seen as simply human-to-human contact and patient's need to be viewed as more than just another person on the caseload.
Student 3: The first lesson I learned was that acceptance of an injury and the resulting limitations can often be the most difficult and the most important part of recovery, because full recovery may not be possible with a TBI. This was particularly meaningful to me, because I related it to my patients with permanent hearing loss. The most common hearing loss we see in the clinic is permanent (sensorineural) hearing loss caused by aging. The most common recommendation for this type of loss is to wear hearing aids and to use compensatory communication strategies. There is no cure for this type of hearing loss, and hearing aids are not 100% effective and can't

completely restore the hearing. This means that these patients will have to accept that they will have a hearing loss for the rest of their lives and will also have to accept the limitations and difficulties that come with that hearing loss. While most patients already believe they have a hearing loss which is why they chose to come to the clinic to be tested, confirming their beliefs and informing them that there is no treatment to "cure" that type of hearing loss is always difficult. No matter the injury, when doctors or clinicians must inform a patient that full recovery may not be possible, I think it is important for them to use clear and concise language, be compassionate, answer any questions, and give the patient plenty of time to come to accept their diagnosis.

Student 4: My reaction to Cathy's story is eye-opening. Cathy describes how early on when Alan was in a coma, the hardest thing for her was the waiting game. The camaraderie of the intensive care unit was overwhelming. She had to pry Alan's doctors and specialists to have a conversation with her about his injury, and when they did it was often not in words she could comprehend. She further describes how each day is different in the life of TBI survivor and how quickly the individual can regress. I will remember her experiences and apply them to my professional career when working with patients and their families in the acute care setting and the importance of using patient-friendly language. Something new I learned about TBI is that the hospital oftentimes does not clothe and blanket individuals with brain injury to keep them cold. The colder the individual the less chance for brain swelling.

Student 5: I would have also targeted decision-making tasks, such as
you get to the grocery store, you do not know which brand of bananas to buy, what should you do? This was something she reported in her book that she constantly struggled with at the grocery store. One thing I would have addressed to her family and friends was need for consistency and familiarity. I would have provided education to them in regard to her deficits

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A theme of empathy emerged from the majority of the papers. Student 1 and 2 write specific examples of gaining a sympathetic perspective that will influence their ability to educate and council individuals with brain injury (learning objective 4). In addition, this assignment provided students the opportunity to incorporate and apply their learning to cases not discussed specifically in class. Their comments provided evidence of meeting first three course objectives could be inferred (facts about brain injury, assessment, and intervention). Student 4 writes about an intervention outside of the SLP scope of practice, and student 5 illustrates critical thinking and care planning. Because keeping the course relevant for audiology students was a challenge, I was pleased to see student 3, obviously an audiology student, connect her future profession with the reading.

Instructor objectives

Midterm Feedback: I used midterm and course feedback as measures of my instruction methods. I adopted the "Start, Stop, keep" format proposed in PRT. I offered it as an anonymous survey and received 18 responses. In my introduction to this survey, I asked students to think of each category in terms of my teaching methods that are, are not, or would be, helpful for their learning. I categorized the results and addressed many of them in the second part of the semester. Table 4 lists themes drawn from midterm student feedback.

Table 4.

Start	Stop	Keep
Video	Reading PowerPoints	Guest Lecturers
Assign video outside of class and use class for discussion time	Multiple choice questions on tests	Detailed PowerPoints
Integrate video more with class lecture	I can't think of anything to stop	Small Group Activities and interactive learning
Organization		Use of video
Increase organization		Use of Study Guides
Organize canvas modules by indicating the format of the information (e.g. PowerPoint, video link)		
Better organize syllabus		
Combine some interventions with assessment		
Structure reading assignments		
Content		
Include more areas outside of speech and language		
Include more neurology		
Other		
Give test questions on the study guide		
Slow pace		

The student input I received half-way through the semester allowed me to make some adjustments "on-line" so to speak. For example, in the "start" category, one student suggested a way to organize the materials on canvas. I implemented the suggestion immediately. In the "keep" category, many students stated that they found the small group time beneficial. I had not anticipated this response but found ways to incorporate small group discussion for many more topics than I had initially planned. Even the "stop" comments were enlightening. I didn't agree that I "read slides," but two students mentioned it, so I attempted to improve my presentation style to better compliment the learning tools.

Course Evaluations: The course evaluations were helpful for analyzing my personal teaching objectives as an instructor as stated in my portfolio introduction. Average course ratings ranged from 3.82 (Instructor was well prepared) to 4.94 (treating students fairly). In the category areas that align with my personal teaching objectives, I averaged scores ranging from 4.18 to 4.47. Table 5 shows selected course evaluation items particularly informative of content and materials.

Table 5.

Question	Average
The course content was meaningful to my personal or professional goals.	4.18
The course content was up-to date and relevant.	4.47
The course materials (e.g., texts, readings, websites) were appropriate and useful.	4.29
The instructor motivated me to think for myself and work in this class.	4.41
I learned something worthwhile in this course.	4.24
The course made me think.	4.29

Student comments ranged from positive, to "room for improvement," to negative. Positive student comments suggest that they felt the guest speakers added a real-life component to the course and that they enjoyed the reflective reading activity. One student remarked, "I loved the content of this course. We had great guest lectures that put us in the real-life situation. It was a great experience! I also enjoyed the assignment of reading a TBI book! It was a nice way to do homework without having to feel as if it is homework."

In the "room for improvement" department, the comment, "Very few opportunities to earn points, short tests so if you missed a couple of questions your grade was dropped quite a bit" was reiterated by at least three students who would have liked more grading opportunities. Suggestions for graded activities included "giving us case studies to make assessment and full treatment plans" and "I would have liked more time to practice teaching or using some of the intervention techniques if that means just turning to a partner and practicing how we might explain the task to a patient."

Finally, some students had negative comments about my organization. One said, "She was not always prepared, especially at the beginning of the semester." Admittedly, I think when I realized I had the first-year AuD students enrolled, I made some last hour changes in an attempt to include audiology content. This action affected my initial course plan. I listed many of my planned readings and resources on the syllabus, but as I attempted to gather inter-disciplinary materials throughout the semester, I directed students to the modules because I did not yet have the materials when I wrote the syllabus.

In the end, my attempt to make the course relevant for AuD students was, perhaps, lacking according to this student comment, "The course also seemed very one-sided and focused on speech therapies for traumatic brain injury patients a majority of the time. As an audiology student, it felt like we should already know speech therapies and how to develop treatment plans based on the way the class was presented by the instructor."

However, I cannot blame the perception of organization just on the presence of the AuD students. One student commented that I was unorganized in "almost every way," but added "she did organize canvas partway through the semester and that was something I had not expected her

to do yet, so I appreciated that a lot." I think this statement demonstrates my awareness of the need to improve organization and my responsiveness to student feedback as such.

Reflections

Summary: By participating in the Peer Review of Teaching Project, I learned genuinely helpful teaching practices as well as ways to frame student learning and my own teaching. The concept of the classroom as a single case study in which the instructor manipulates variables based on observed outcomes is a very useful model and appeals to me, as a clinician. In my conclusion of SLPA 985 Spring 2019, I recognize some successes, as well as need for improvement.

Successes: Approaches I used that were successful included small group discussion and assignments, guest speakers, and use of video to illustrate relevant topics. Examination results and student feedback validated the use of these practices for providing students with a foundation they will need as practicing clinicians working with individuals with TBI. In the future, I will plan enhancements to allow students to show what they have learned by assigning more graded activities along with them. Student feedback indicated a desire for more graded assignments, and in retrospect, I think this would add to students feeling that the activities were more planned and organized.

Another successful approach was use of the midterm feedback. While this is not a new concept, it is not something I have used in the past. I found the feedback very useful in making immediate adjustments that benefitted student learning.

Planned Changes: I also have areas in which to improve including developing course objectives, measurement, and organization. My course objectives stated students would be able to develop interventions (objective three) and provide education (objective four). As I reflect on evidence, I used to determine student performance toward these goals, I realize I used mainly exams. In addition, I never truly measured the provision of education and counseling, I inferred the ability to do this clinical task through student written assignments. This realization was surprising to me as I completed the Backward Design exercise, implementing language from Bloom's taxonomy, during a PRT small group meeting. I developed good course objectives, that I, perhaps, could have more thoroughly measured. In the future, a variety of types and number of graded assignments will provide a more complete picture of student learning.

Making these stated improvements will help with overall course organization. In addition, the enrollment of AuD students in the future inform my planning as well.

Future direction: Almost half of my teaching is clinical (one to one supervision and training). Clinical supervision often feels like having an individual class multiplied by the number students supervised. I am considering how I will apply and combine backward design, and Bloom's Taxonomy of learning, and clinic assignments into teaching students at this individual level.

References

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Appendix A: Course Syllabus

University of Nebraska—Lincoln
College of Education and Human Science
Traumatic Brain Injury SLPA 985 Sec 001
Tuesday/Thursday 12:05 – 12:55
Barkley 321

Judy Harvey Ph.D. CCC-SLP
Barkley 276
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402-476-4972
Office hours – Mondays 3:30-5:30 or by appointment

The focus of the course will be on cognitive-language and psychosocial issues related to acquired brain injury as it relates to the scope of practice for speech language pathologists. The effect of brain injury on individuals and their families through the lifespan will be addressed. The course will cover definitions, neuropathology, and evaluation and treatment for individuals with traumatic and acquired brain injuries. Functional issues such as return to work and school, and special populations (e.g. mild TBI, military, and at-risk populations) will be covered.

Course objectives:
Students will be able to…

1. Define acquired brain injury in terms of neuropathology; characteristics, severity; associated physical, behavioral, and psycho-social-emotional deficits.
2. Determine cognitive and language deficits resulting from acquired brain injury using evidence-based standardized and non-standardized diagnostic methods.
3. Develop interventions for cognitive and communication impairments resulting from brain injury
4. Provide education and counseling regarding the many unique issues associated with brain injury

ASHA Certification Standards to be met as they relate to TBI

- Students will demonstrate knowledge of basic human communication, including the appropriate biological, neurological, acoustic, psychological, developmental, and linguistic and cultural bases. Students will demonstrate the ability to integrate information pertaining to normal and abnormal human development across the life span. (Standard IV-B)
- Students will demonstrate knowledge of communication disorders and differences, including the appropriate etiologies, characteristics, anatomical/physiological, acoustic, psychological, developmental, and linguistic and cultural correlates in receptive and expressive language, reading, and writing, cognitive and social aspects of communication as it relates to acquired brain injury. (Standard IV-C)
- Students will demonstrate knowledge of prevention, assessment, and intervention for people with communication, including consideration of anatomical/physiological, psychological, developmental, and linguistic and cultural correlates. (Standard IV-D)

- Students will demonstrate knowledge of ethical conduct. (Standard IV-E).
- Students will demonstrate knowledge of how to access sources of research information and demonstrate the ability to relate research to clinical practice. (Standard IV-F)

Scores on exams and assignments in this course will serve as indicators that students have met competencies in these standards. Students achieving scores between 90% and 100% accuracy on each exam and assignment will be rated as having mastered the associated competency; students scoring between 74% and 89% will be rated as showing evidence of emerging competency; and students scoring 73% or below will be rated as not showing evidence of the competency. Remedial work may be required of students earning scores of 73% or below on any of the exams or assignments.

Required Text

Sohlberg, M., & Turkstra, L. (2011). *Optimizing Cognitive Rehabilitation; Effective Instructional Methods*. The Guilford Press: New York.

*Changes to the syllabus may be made at the discretion of the course instructor.

Date	**Class**	**Assignments and Readings**
Week 1 January 8 & 10	Syllabus Definitions Neuropathology	https://www.cdc.gov/traumaticbraininjury/index.html
Week 2 January 15 & 17	Primary and secondary mechanisms of injury	Hux, 2011 – Chapter 3 – On canvas Hill, Coleman, & Menan. (2016). Traumatic axonal injury: Mechanisms and translational opportunities. *Trends in Neurosciences*, 39 (5), 311-324. http://dx.doi.org/10.1016/j.tins.2016.03.002
Week 3 January 22 & 24	Disorders of consciousness (DOC) Treatment: Multisensory Stimulation	Articles on canvas and TBA Guest Lecturer Jan 22
Week 4 January 29 & 31	Continue DOC EXAM 1 Jan 31	Exam review
Week 5 February 5 & 7	Assessment: Levels of Cognitive Functioning	https://www.neuroskills.com/resources/rancho-los-amigos-revised.php
Week 6 February 12 & 14	Assessment: Levels of Cognitive Functioning	continued
Week 7 February 19 & 21	RLA scales Treatment Goals and objectives	Reading listed in course module
Week 8 February 26 & 28	Sequalae of TBI Mild TBI	Reading listed in course module
Week 9 March 5 & 7	Formal and informal assessment	March 7 – guest speaker – neuropsychic testing

Week 11 March 12 & 14	Continued assessment and verification in schools	Exam Review EXAM March 12
March 19 & 21	SPRING BREAK	
Week 12 MARCH 26 & 28	Audiology and TBI Begin therapy techniques and service delivery	March 26 – Amanda Rodriguez – guest lecture March 28 – Readings listed in course modules
Week 13 April 2 & 4	Therapy techniques and service delivery	Chapter 3 and 4 – Sohlberg & Turkstra Guest speaker April 4th – Penny Costello MTBI **Reaction papers due by April 4 – may hand in early.**
Week 14April 9 & 11	Recall of information Strategy training	Chapter 5, 6, & 7 Sohlberg & Turkstra
Week 15 April 16 & 18	Social skills Metacognition	Chapter 8 & 9 Sohlberg & Turkstra
Week 16 April 23 & 25	Military and other special populations	Readings listed in modules
FINALS WEEK	School re-entry	Readings listed in modules Exam review
		Final Friday May 3 10-12

Reaction paper

Express your opinion about a book you read regarding brain injury. The paper should not merely be a report of the events in the book, but your reaction to the story. Your paper can include something new you learned, a parallel to a personal or clinical experience you've had regarding TBI, the way in which you might work with individuals (survivor/family/others) in the story if you were a participating SLP, or you may have a spin all your own.

Papers should include a brief synopsis of the story and include a main statement about the focus of your review/opinion/topic in your introduction. Form and content matter. Your paper should be understandable to non-professionals and professionals alike. If you are including references, use APA style, but since this is an opinion paper, you are not required to use references.

Papers should be no more than 3 double spaced pages, using 12-inch font and 1-inch margins. References may be on a separate (additional) page if including.

Due date is April 3, but papers handed in early will be accepted.

Suggested Readings are listed, but if you wish to read a different book, please submit for my approval before handing in the reaction paper. Papers on books not previously approved will not be accepted.

Over My Head

Osborn, C. L. (1998). Over my head: A doctor's own story of head injury from the inside looking out. Kansas City: Andrews McMeel Publishing.

Where is the Mango Princess?

Crimmins, C. (2000). Where is the mango princess? A journey back from brain injury. New York: Vintage Books.

I am the Central Park Jogger

Meili, T. (2003). I am the central park jogger: A story of hope and possibility. New York: Scribner.

In an Instant

Woodruff, L. & Woodruff, B. (2008). In an instant: A family's journey of love and healing. New York: Random House.

Course Grading Scale

Grades will be assigned as follows:

A+	100-98	C+	79-78
A	97-94	C	77-74
A-	93-90	C-	73-70
B+	89-88	D+	69-68
B	87-84	D	68-64
B-	83-80	D-	63-50
		F	49

Attendance

Attendance is expected. You are responsible for the course content if you miss class.
Make-up tests will not be offered unless you had an excused absence by the instructor for the day of the test.

Classroom Policies

Students are expected to behave professionally during class sessions. This means that all students should show respect to the instructor and their peers. Please avoid the use of cell phones or social media while class is in session.

UNL STUDENT CODE OF CONDUCT

The clinic faculty hold paramount the ideal of integrity and honesty to that end we abide by and actively enforce the student code of conduct.

(http://stuafs.unl.edu/DeanofStudents/Student%20Code%20of%20Conduct%20May%20Rev%202014%20a.pdf)
Students are expected to adhere to the UNL Student Code of Conduct. "The community of scholars at the University of Nebraska Lincoln is dedicated to personal growth and academic excellence. By choosing to join the community, each member agrees to comply with certain standards of civilized behavior; and therefore, the University of Nebraska Lincoln adopts this Student Code of Conduct, in order that it might: 1) promote a campus environment that supports its educational, research, and outreach missions; 2) protect the members of the community and its

resources from disruption and harm; 3) provide a guide to appropriate individual and group behavior; and 4) foster ethical standards and civic virtues, all in keeping with the STUDENT STATEMENT OF VALUES adopted by the Association of Students of the University of Nebraska Lincoln on January 15, 2014." (University of Nebraska-Lincoln, 2014, page 1)

ACADEMIC INTEGRITY (see UNL Student Code of Conduct)

Students will receive a grade of zero on any assignment where the instructor determines that there is credible evidence of academic dishonesty. Clinically, this may include a grade of 0 on one or more areas on the clinic grade form where the academic dishonesty applies. Any finding(s) of academic dishonesty and sanction(s) will be reported to the UNL Dean of Students. Acts of academic dishonesty include, but are not limited to, the following: cheating, fabrication or falsification, plagiarism, abuse of academic materials, complicity in academic dishonesty, falsifying grade reports, impermissible collaboration, misrepresentation to avoid academic work. See the UNL Student Code of Conduct for further information.

REQUESTS FOR ACCOMODATIONS FOR DISABILITY (http://www.unl.edu/ssd/home**)**

The University of Nebraska-Lincoln is committed to a pluralistic campus community through Affirmative Action and Equal Opportunity. We assure reasonable accommodation under the Americans with Disabilities Act. Students with disabilities are encouraged to contact their clinical supervisor and the clinic coordinator for a confidential discussion of their individual needs for academic accommodation. lt is the policy of the University of Nebraska-Lincoln to provide flexible and individualized accommodation to students with documented disabilities that may affect their ability to fully participate in course activities or to meet course requirements. To receive accommodation services, students must be registered with the Services for Students with Disabilities (SSD) office, 232 Canfield Administration, 472-3787 (voice) or 472-0053 (TTY). It is the responsibility of the student requiring accommodation to be proactive in contacting the instructor (clinical supervisors and clinic coordinator) for a confidential discussion of their individual needs, and to provide relevant documentation from the SSD.